



## INDIANA BAIL AGENT APPLICATION

Please **type or use clearly legible printed writing**. Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

**All applications must include:**

- (1) A recent digital full face photograph and your signature on the specimen sheet to be included on your license. If you prefer pictures can be taken and license issued in our office **by appointment only**.
- (2) Certified fingerprint card from local law enforcement, or a receipt from L-1 Identity Solutions showing that you have been fingerprinted.
- (3) Recent Credit Bureau Report (Free): [www.annualcreditreport.com](http://www.annualcreditreport.com)
- (4) Criminal History Check completed by Indiana State Police.
- (5) Photo copies of other Professional Licenses that you hold.
- (6) Application fee of **\$650.00** (check or money order).
- (7) Completion Certificate for twelve (12) credit hours of Pre-Licensing Education.

### ***We Do Not Accept Cash or Credit Cards***

Upon receipt of the application materials, you will receive a ***CERTIFICATE OF TESTING ELIGIBILITY*** from this office which will entitle you to take the bail agent examination. Information regarding test sites and phone number will be included. There is a One Hundred Dollar (\$100.00) examination fee, **to be paid at the time of registration on Website.** Do not send this fee with your application. The examination is given by a vendor. Once you receive your testing certificate an informational sheet will be provided to you on how to schedule an examination and how to pay the examination fee. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at 317-232-5249 if you have any question regarding this application.

**STATE OF INDIANA BAIL AGENT APPLICATION**

**LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY/COUNTY/ZIP:** \_\_\_\_\_

**LENGTH OF TIME AT THAT ADDRESS:** \_\_\_\_\_

**PREVIOUS ADDRESS (ES) FOR PAST 5 YEARS:** \_\_\_\_\_

\_\_\_\_\_

**PROPOSED BUSINESS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**IF YOU WILL WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THEIR  
NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME:** \_\_\_\_\_

\_\_\_\_\_

**NAME OF COMPANY YOU WILL REPRESENT:** \_\_\_\_\_

\_\_\_\_\_

**PRINCIPLE ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:**  
**(This is where you will be audited if licensed)** \_\_\_\_\_

\_\_\_\_\_

**LENGTH OF INDIANA RESIDENCY:** \_\_\_\_\_

**CURRENT OCCUPATION:** \_\_\_\_\_

**WILL YOU CONTINUE THIS JOB UPON LICENSURE? YES** \_\_\_\_ **NO** \_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ **EYE COLOR:** \_\_\_\_ **HEIGHT:** \_\_\_\_

**HAIR COLOR:** \_\_\_\_ **WEIGHT:** \_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY**

1. Are there any complaints or charges against you currently pending before any public authority (including a law enforcement agency)? YES \_\_\_\_ NO \_\_\_\_
2. Has a disciplinary action been taken against you by any public authority, including law enforcement agency? YES \_\_\_\_ NO \_\_\_\_
3. Have you been convicted of a Felony? YES \_\_\_\_ NO \_\_\_\_
4. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES \_\_\_\_ NO \_\_\_\_
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES \_\_\_\_ NO \_\_\_\_
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES \_\_\_\_ NO \_\_\_\_
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES \_\_\_\_ NO \_\_\_\_
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date \_\_\_\_\_
9. Do you have any outstanding State or Federal tax liens or warrants? YES \_\_\_\_ NO \_\_\_\_
10. Do you currently have any outstanding judgments for unpaid child support? YES \_\_\_\_ NO \_\_\_\_

**NOTE:** If you answered YES to any of the above, give a detailed explanation on an attached sheet.

**AFFIRMATION**

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

County of Residence \_\_\_\_\_ Printed Name \_\_\_\_\_



## INFORMATION FOR OUR AUDITOR

**Please provide the following information so that you are easily located for the audit of your bail bond records.**

**Your Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Is your bail bond business:** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **Address of your bail bond operation:**  
(Area Code & Number)

\_\_\_\_\_ **County** \_\_\_\_\_

**If you have employment other than your bail bond business,  
Where can you be located during business hours?**

**Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Please complete this form and return it with your bail agent license application.**

**Indiana Department of Insurance  
Bail Bond Division  
311 West Washington Street, Suite 300  
Indianapolis Indiana 46204-2787**

Form 3a  
License Requisition  
Type or Print Neatly

Date \_\_\_\_\_

**Agent Data**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

2. Home Address: \_\_\_\_\_  
Street City State Zip

3. Business address: \_\_\_\_\_  
Street City State Zip

4. Home Telephone: \_\_\_\_\_ 5. Business Telephone: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ 7. Date of Birth: \_\_\_\_\_

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

\_\_\_\_\_  
Signature of Agent

**Surety Insurance Company Data**

8. Name of Company: \_\_\_\_\_

9. Address: \_\_\_\_\_  
Street City State Zip

10. Telephone Number: \_\_\_\_\_ 11. Company I.D. Number \_\_\_\_\_

12. State where Company Is Domiciled: \_\_\_\_\_

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

\_\_\_\_\_  
Date Signed by Surety Company

\_\_\_\_\_  
Authorized Signature

**Return original to the Department of Insurance, Bail Bond Division**

**Attach a small digital photo**

**HERE-----→**

**Your Signature (PLEASE USE BLACK SHARPIE PEN)**

**HERE-----→**

**Name** \_\_\_\_\_ **Agent #** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_